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Signature

09/904,707 **Application Number** Filing Date 07/12/2001 MAGGIONCALDA, Jeff N. First Named Inventor Art Unit 3629 **Examiner Name** DIXON, Thomas A.

Total Number of Pages in This Submission	40 Attorne	ey Docket Number	59036-249737 (02821.P001XC)			
	ENCLOSURES	(check all that apply)				
Fee Transmittal Form	☐ Drawing(s)		After Allowance Communication to Group			
Fee Attached	Licensing-relate	d Papers	Appeal Communication to Board of Appeals and Interferences			
Amendment / Reply	Petition		Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)			
After Final	Petition to Conv Provisional App		Proprietary Information			
Affidavits/declaration(s)	Power of Attorne Change of Corre	ey, Revocation espondence Address	Status Letter			
Extension of Time Request	X Terminal Disclai		Other Enclosure(s) (please identify below):			
Express Abandonment Request	Request for Ref	und CD(s)	(1) Credit Card Payment form for \$520.00; (2) Return Receipt Postgage			
Information Disclosure Statement			'CA			
Certified Copy of Priority Document(s)	Remarks		GO SEP CIVED			
Response to Missing Parts/ Incomplete Application	NOTE: Attorney docket number has changed to 59856-249737					
Response to Missing Parts under 37 CFR 1.52 or 1.53	Request for Refund CD, Number of CD(s) Remarks NOTE: Attorney docket number has changed to 59886-349737 (1) Credit Card Payment form for \$520.00; (2) Return Receipt Postgard SERVICE STATE					
SIGNA		ANT, ATTORNEY, O				
Firm or Individual name MichaehA. DeSanctis	s, Reg. No. 39,957 at Fae	gre & Benson LLP				
Signature	d)Vf					
Date September 16, 2003	- (,	•••				
	CERTIFICA	TE OF MAILING				
I hereby certify that this correspondence Service with sufficient postage as first	class mail in an env	nsmitted to the USPTO elope addressed to: Co	or deposited with the United States Postal ommissioner for Patents, P.O. Box 1450,			

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Date

September 16, 2003

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FEE TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT 520

	Complete if Known							
Application Number	09/904,707							
Filing Date	07/12/2001							
First Named Inventor	MAGGIONCALDA, Jeff N.							
Examiner Name	DIXON, Thomas A.							
Art Unit	3629							
Attornous Dealest No.	59036-249737 (02821 P005							

METHOD OF PAYMENT (check all that apply)			FEE CALCUL FION (continued)									
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Name The Director is authorized to: (check all that apply)						1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action		
☐ Charge fee(s) indicated below ☑ Credit any overpayments ☑ Charge any additional fee(s) during the pendency of this application					1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action			
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1002		002 165		sign filing fee	.		1402	320	2402	160	Filing a brief in support of an appeal	
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1004	750 20	004 375	Re	eissue filing fe	-		1451	1,510	1451	1,510	Petition to institute a public use proceeding	
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1202	18	2202	9	Claims in e	xcess of 20		1810	750	2810	375	For each additional invention to be	
1201	84	2201	42	Independer	Independent claims in excess of 3				- 1		examined (37 CFR § 1.129(b))	
1203	280	2203	140			im, if not paid	1801	750	2801	375	Request for Continued Examination (RCE)	
1204	84	2204	42	** Reissue independent claims over original patent			1802	900	1802	900	Request for expedited examination of a design application	
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**or number previously paid, if greater; For Reissues, see above					Neou	ceu by Da	2010 I IIII	9100	aid SUBTUTAL (3) (\$) 520			
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SUBMITTED BY Complete (if applicable) Registration No. (Attorney/Agent) viichalel A. De Name (Print/Type) 39,957 Telephone 303-607-3633 September 16, 2003 Signature

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